



# Advanced Bookkeeping

## Direct Deposit Enrollment/Change Form

Company Name \_\_\_\_\_

Employee Name \_\_\_\_\_

**NOTE:**

**EMPLOYEE** – Retain a copy of this form for your records & return the original to your employer.  
**EMPLOYER** – Return this original form to Advanced Bookkeeping & retain a copy for your records.

**Complete to enroll or change bank accounts. Please use black or blue ink only:**

Type of Account	Bank Account Number	Bank Routing Number	Financial Institution ("Bank") Name	I wish to deposit (check one)
Chk____ Sav____				_____% of Net Amount \$____ Dollar Amount \$____ Remainder of Pay
Chk____ Sav____				_____% of Net Amount \$____ Dollar Amount \$____ Remainder of Pay

**One of the following is required to process this enrollment or change:**

- \_\_\_\_ Vvoided check with name imprinted on it ("Starter Checks" will not be accepted)
- \_\_\_\_ Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- \_\_\_\_ Bank letter with the signature of your local bank representative

\_\_\_\_ Other Bank Documentation accepted by the Employer:

I confirm that the above named employee has added or changed a bank account for direct deposit transactions processed by Advanced Bookkeeping Concepts, Ltd.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE CONFIRMATION STATEMENT:**

I authorize my employer to deposit my wages/salary into the bank accounts specified above. I agree that direct deposit transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account.

**X** Employee Signature \_\_\_\_\_ Date \_\_\_\_\_